

**Testimony of the National Alliance on Mental Illness (NAMI) Connecticut
Before the Insurance and Real Estate Committee
February 17, 2015**

IN SUPPORT OF

S.B. No. 16 (COMM) AN ACT CONCERNING BENEFITS PAYABLE FOR ASSESSMENTS TO DETERMINE A DIAGNOSIS OF A MENTAL OR NERVOUS CONDITION AND RELATED CONSULTATIONS

Good afternoon Senator Crisco, Representative Megna and members of the Insurance and Real Estate Committee, my name is Daniela Giordano and I am the Public Policy Director with the National Alliance on Mental Illness (NAMI) Connecticut. NAMI Connecticut is the state affiliate of NAMI, the nation's largest grassroots mental health organization dedicated to building better lives for all those affected by mental health conditions. NAMI Connecticut offers support groups, educational programs, and advocacy for improved services, more humane treatment and an end to stigma and economic and social discrimination. We represent individuals who live with mental illness and parents and family members of individuals living with mental illness. I am writing to you today on behalf of NAMI Connecticut to support *Committee Bill SB 16: An Act Concerning Benefits Payable for the Assessments to Determine a Diagnosis of a Mental or Nervous Condition and Related Consultations*.

Thank you to the committee for raising this bill concerning insurance benefits for the assessment of emotional and mental health conditions, as emotional and mental health are extremely important to overall health. We support the concept of the bill as we understand that it (1) clarifies that health insurance carriers through their policies may not put limits on the number of visits to qualified health care professionals a privately insured person may need to get assessed for a diagnosis of a mental health condition and (2) requires health insurance coverage for consultations with certain health care providers during the assessment for a diagnosis of a condition and after a diagnosis of a mental or nervous condition. It oftentimes takes more than one visit to a qualified health care professional in order to adequately assess, and if appropriate determine a diagnosis, for individuals dealing with mental health concerns. It is also not unusual to need consultation(s) from additional health care providers to be able to adequately assess for mental health conditions.

This bill underlines the importance for people with private insurance to be able to go for assessments for mental health concerns, and if appropriate receive a diagnosis to be able to then go on and explore and engage service and treatment options. One of the issues that covered individuals may still be dealing with is the difficulty of finding an appropriate provider within insurance carriers' networks that accepts insurance to be able to assess for, and if appropriate determine a diagnosis for a mental health condition. People searching for this kind of health care have shared that providers only accept out-of-pocket payments because the reimbursement rates for these services are not adequate/too low and/or perceived and real administrative barriers to having such services reimbursed.

Like most other health concerns, identifying mental health conditions early on not only supports the individual's health and wellbeing by being able to explore and seek out services, supports and treatments, but also benefits the community and state by not allowing a health concern to become more severe and thus most often requiring higher-level and longer treatment. Therefore, clarifying and doing what is needed to allow individuals seeking assessment (and subsequent service and treatment supports) to get these without delay and added barriers is in the interest of the larger community and the state.

Thank you for your time and attention. Please let me know if I can answer any questions for you.

Respectfully submitted,

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